

Attorney's Docket No.:
53921/188

First Named Inventor:
John Chuah

**COMBINED
DECLARATION
FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

DECLARATION SUBMITTED WITH INITIAL FILING

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**Method and system for isolation of a fault location in a
communications device in a loop-back path
(Title of Invention)**

the specification of which:

Check One

- ☒ is attached hereto.
- ☐ was filed on _____ (MM/DD/YYYY) as Application Serial No. _____ and was amended on _____ (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing (MM/DD/YYYY)	Priority Claimed?	Certified Copy Attached

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application No.	Date of Filing	Priority Yes✓

Direct all correspondence to:		Customer <input checked="" type="checkbox"/> Number or Bar Code Label	<div>27871</div>	OR <input type="checkbox"/> Correspondence address below
Name	BLAKE, CASSELS & GRAYDON LLP per Robert H. Nakano (Reg. No. 46,498)			
Address	Intellectual Property Group, Box 25, Commerce Court West			
Address	199 Bay Street			
City	Toronto	State	Ontario	ZIP M5L 1A9
Country	Canada	Telephone	416.863.2785	Fax 416.863.2653

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

POWER OF ATTORNEY

Further, I, as the below named inventor, whose address is stated below next to my name, as owner of the application for United States Letters of Patent for

**Method and system for isolation of a fault location in a
communications device in a loop-back path**

(Title of Invention)

do hereby appoint the registered practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with the Customer Number:

BLAKE, CASSELS & GRAYDON LLP	
Customer No.	27871
Attention:	Robert H. Nakano
Tel.:	416.863.2785
Fax:	416.863.2653

I, the undersigned, declare that I am the (an) owner of the above-identified application or, if the owner is a corporation, partnership or other association, I am authorized to make this appointment on behalf of the owner.

INVENTORS' ADDRESSES AND SIGNATURES FOR DECLARATION AND POWER OF ATTORNEY

01	FULL NAME OF INVENTOR	First Name John		Middle Initial(s) Tiong-Heng	Last Name Chuah	
	RESIDENCE	City Kanata	State/Province Ontario	Country Canada	Citizenship Canada	
	POST OFFICE ADDRESS	21 Angus Drive	City Kanata	State/Province Ontario	Country Canada	Zip Code K2L 4E6

02	FULL NAME OF INVENTOR	First Name Joseph		Middle Initial(s)	Last Name Moffette	
	RESIDENCE	City Ottawa	State/Province Ontario	Country Canada	Citizenship Canada	
	POST OFFICE ADDRESS	77 Britannia Road	City Ottawa	State/Province Ontario	Country Canada	Zip Code K2B 5W4

03	FULL NAME OF INVENTOR	First Name		Middle Initial(s)	Last Name	
	RESIDENCE	City	State/Province	Country	Citizenship	
	POST OFFICE ADDRESS		City	State/Province	Country	Zip Code

04	FULL NAME OF INVENTOR	First Name		Middle Initial(s)	Last Name	
	RESIDENCE	City	State/Province	Country	Citizenship	
	POST OFFICE ADDRESS		City	State/Province	Country	Zip Code

05	FULL NAME OF INVENTOR	First Name		Middle Initial(s)	Last Name	
	RESIDENCE	City	State/Province	Country	Citizenship	
	POST OFFICE ADDRESS		City	State/Province	Country	Zip Code

Signature of Inventor (John Tiong-Heng Chuah) 01
Date
Signature of Inventor 03
Date
Signature of Inventor 05
Date

Signature of Inventor (Joseph Moffette) 02
Date
Signature of Inventor 04
Date
Signature of Inventor 06
Date

Signatures should conform to names as presented at 01 *et seq.* above.